

Metropolitan Government of Nashville and Davidson County

Supplemental Life-Retiree Only

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(Defines the Terms Shown in Bold Type in the Text of This Document.)

Your Group Coverage Plan

This Plan is underwritten by the Aetna Life Insurance Company, of Hartford, Connecticut (called Aetna). The benefits and main points of the group contract for persons covered under this Plan are set forth in this Booklet. They are effective only while you are covered under the group contract.

If you become covered, this Booklet will become your Certificate of Coverage. It replaces and supersedes all Certificates issued to you by Aetna under the group contract.



President

Group Policy: GP - 879732
Cert. Base: 3 – Retiree Supplemental Life Only
Issue Date: July 31, 2003
Effective Date: June 1, 2003

Life Insurance

This Plan will pay as a Life Insurance benefit the amount of Life Insurance in force for you if you die from any cause while insured. You name your beneficiary. You may change your choice at any time.

General Information About Your Coverage

Termination of Coverage

Coverage under this Plan terminates at the first to occur of:

- When the group contract terminates as to the coverage.
- When you are no longer in an Eligible Class. You will be deemed to no longer be in an Eligible Class when Aetna receives notice from your Employer.
- When you fail to make any required contribution.

If your coverage ceases for any reason, contact your Employer immediately to find out what rights you may have under this Plan.

Special Continuation of Life Insurance

The terms of this provision apply only to Life Insurance which would cease because your employment is terminated involuntarily and without cause. Coverage which ceases under these conditions may be either converted to an individual policy in accordance with this Plan's Life Conversion Privilege or continued in accordance with the terms below.

In no event will the terms of this provision apply:

- to any employee whose employment with the Employer terminates due to retirement or voluntary termination;
- to any employee who has been covered under the group policy for less than one year;
- to any employee whose Life Insurance coverage has been converted to an individual policy in accordance with this Plan's Life Conversion Privilege.

If your Life Insurance would cease because your employment is terminated involuntarily and without cause, your Life Insurance may be continued under this provision; provided that:

- you have not reached age 60 on the date your employment terminated; and
- your Life Insurance has not been converted in accordance with this Plan's Life Conversion Privilege.

Life Continuation Period

Life Insurance coverage for you will be continued, at no cost to you:

- for a Life Continuation Period equal to one month for each year that you have been covered under the group policy, not to exceed 3 months; and
- for the amount of Life Insurance that was in effect on the date your employment ceased.

Your Life Insurance will be subject to the Age Reduction Rules of this Plan.

Written certification that your employment terminated involuntarily and without cause may be required.

Termination of Coverage

Life Insurance continued under the terms of this provision will cease on the first to occur of:

- The date the group policy terminates as to Life Insurance coverage for the Eligible Class of which you were a member on the day before your employment terminated.
- The end of the Life Continuation Period.
- The date of your death.
- The date you reach age 60.

Life Insurance which ceases under the terms of this provision may be converted in accordance with this Plan's Life Conversion Privilege.

Conversion of Life Insurance

If any of your Life Insurance ceases because your employment ceases, you are no longer in a class eligible for such insurance, or because of age, pension, or retirement, the amount of insurance which ceases may be converted to an individual life insurance policy. A lesser amount may be converted, if so desired.

Your converted policy may be any kind of individual policy then usually being issued by Aetna for the amount being converted and for your age (nearest birthday) on the date it will be issued. It may not be a term policy. It will not have disability or other extra benefits.

When Life Insurance ceases because that part of the group contract terminates as to your employee class, the amount that ceases may be converted to an individual policy. Insurance on the life of a person had to be in force under the group contract for at least 5 years in a row prior to such termination in order to convert. The amount will be less any amount of group life insurance the person becomes eligible for within 31 days of termination. The maximum amount that can be converted by each person is \$ 2,000.

In order to convert, written request must be made for an individual policy within 31 days after cessation of insurance for any of the above reasons. The first premium must be paid within that 31 days.

Your Employer will tell you of your right to convert. If this is not done at least 15 days before the end of the 31 day period, the period in which you can convert will be extended for 15 days from the date of the notice. It will not be extended for more than 60 days. This will also extend the time when the first premium has to be paid.

No evidence of insurability will be required.

The individual policy will become effective at the end of the period during which conversion is possible.

The premiums for the individual policy will be at Aetna's usual rates for the same policy issued to any other person of the same class of risk and age when the individual policy is to take effect.

After an individual policy takes effect for any person, that policy will be in exchange for all benefits and rights under the group contract as regards the person involved and the amount that could have been converted.

Life Insurance After Termination

In most cases a person can apply for an individual policy under the Conversion Privilege within 31 days after his or her Life Insurance ceases. If a person dies during this 31 days and before the individual policy goes into effect, the amount payable under the group contract is limited to the maximum that could have been converted. This limit applies even if he or she has not applied for or paid the first premium on the individual policy.

Additional Provisions

The following additional provisions apply to your coverage.

- You cannot receive multiple coverage under this Plan because you are connected with more than one Employer.
- In the event of a misstatement of any fact affecting your coverage under this Plan, the true facts will be used to determine the coverage in force.

This document describes the main features of this Plan. Additional provisions are described elsewhere in the group contract. If you have any questions about the terms of this Plan or about the proper payment of benefits, you may obtain more information from your Employer or, if you prefer, from the Home Office of Aetna.

Your Employer hopes to continue this Plan indefinitely but, as with all group plans, this Plan may be changed or discontinued with respect to all or any class of employees.

Assignments

Life Insurance may be assigned with the consent of Aetna and your Employer.

Claims of Creditors

If allowed by law, Life Insurance benefits are exempt from legal or equitable process for your debts. This also applies to the debts of your beneficiary.

Beneficiaries

You may name or change your beneficiary by filing written request at your Employer's headquarters or at Aetna's Home Office. Ask your Employer for the forms. The naming or any change will take effect as of the date you execute the request. Aetna will be fully discharged of its duties as to any payment made by it before your request is received at its Home Office.

Any amount payable to a beneficiary will be paid to those you name. Unless you state to the contrary, if more than one beneficiary is named, they will share on equal terms.

If a named beneficiary dies before you, his or her share will be payable in equal shares to any other named beneficiaries who survive you.

If no named beneficiary survives you or if no beneficiary has been named, payment will be made as follows to those who survive you:

- Your spouse, if any.
- If there is no spouse, in equal shares to your children.
- If there is no spouse or child, to your parents, equally or to the survivor.
- If there is no spouse, child or parent, in equal shares to your brothers and sisters.
- If none of the above survives, to your executors or administrators.

Reporting of Claims

A claim must be submitted to Aetna in writing. It must give proof of your death or disability. Your Employer has claim forms. All claims should be reported promptly.

Payment of Benefits

Benefits will be paid as soon as the necessary proof to support the claim is received. For all benefits except any Temporary Disability Benefit, written proof must be provided. Any death benefit for your loss of life will be paid in accordance with the beneficiary designation. Payment will be made in one sum unless you have elected an installment method which has been agreed to by Aetna. If you do not do so prior to your death, your beneficiary has this right before any payment is made. The methods of settlement allowed will be those offered by Aetna under the individual life insurance policies Aetna is issuing when the election is made.

If your beneficiary is a minor or, in Aetna's opinion, legally unable to give a valid release for payment of any Life Insurance benefit, the benefit will be payable to the guardian of the estate of the minor, or to the Custodian under the Uniform Transfer to Minors Act, or an adult caretaker, when permitted under applicable state law.

Privacy Notice

The information in this Notice is not a part of either the group contract, your Certificate of Coverage or the Booklet. It is important to you as a covered person under the group contract. We have bound it into this document only as an aid to you in keeping insurance related material together.

This Notice describes certain aspects of Aetna U.S. Healthcare's insurance privacy policy which apply to you as a covered person in a plan of group insurance insured by Aetna. The policy does not apply where a different approach is required by law.

Information Which May be Collected

Aetna, in providing insurance services to you, relies mainly on the information you give on your group enrollment form and when you file claims.

Aetna may also collect information about you from other sources. This is information necessary for Aetna to perform its function with regard to the insurance transaction in question. For example, if the amount or type of coverage you are entitled to depends on your earnings or job class, Aetna would obtain that information from your Employer.

Disclosure of Information To Others

All of this information will be treated as confidential. It will not be disclosed to others without your authorization, except in some instances where such disclosure is necessary for the conduct of Aetna's business. Disclosure cannot be contrary to any law which applies.

The following sets forth the types of disclosure that may be made:

- Financial information (but not medical information) may be made available to your Employer or his or her representative in connection with the administration of the Plan. Information may also be made available in connection with policyholder audits.
- Information may be disclosed to other insurers if there may be duplicate coverage or a need to preserve the continuity of your coverage.
- Information may be disclosed to Peer Review Organizations and other agencies to determine whether health services were necessary and reasonably priced.

In addition, information may be given to regulators of Aetna's business and to others as may be required by law. It may also be given to law enforcement authorities when needed to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information Aetna has in its files about you. You may also have a right of access to such files, except information which relates to a claim or a civil or criminal proceeding, and to ask for correction, amendment, or deletion of personal information. This can be done in states which provide such rights and which grant immunity to insurers providing such access. If you request any health information, Aetna may elect to disclose details of the information you request to your (attending) physician. If you wish to exercise this right or if you wish to have more detail on our information practices, please contact:

Aetna Life Insurance Company
Executive Response Team, MCAF
151 Farmington Avenue
Hartford, Connecticut 06156

Under New Mexico law, a resident of New Mexico has the right to register as a "protected person" in connection with disclosure of confidential domestic abuse information. If you wish to exercise this right, contact the Member Services number on your ID card, or write to the address shown above.